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Bib Data Sheet

CONFIRMATION NO. 4371

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| SERIAL NUMBER 10/648,997 | FILING DATE 08/27/2003 RULE | CLASS 042 | GROUP ART UNIT 3641 | ATTORNEY DOCKET NO. 01235 | | | | | |
| APPLICANTS Eric Hengstenberg, Cincinnati, IA; Howard D. Carr, Ames, IA; Steven J. Winter, Pella, IA; Jerald M. Vogel, Ames, IA; Vinay Dayal, Ames, IA; | | | | | | | | | |
| ** CONTINUING DATA ***** <i>Re issue</i> | | | | | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>Re issue</i> | | | | | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 11/18/2003 | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>Allowance</u> Acknowledged <u>Examiner's Signature</u> Initials </td> <td style="width: 10%; text-align: center; vertical-align: top;"> STATE OR COUNTRY IA </td> <td style="width: 10%; text-align: center; vertical-align: top;"> SHEETS DRAWING 13 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 20 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 3 </td> </tr> </table> | | | | | Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>Allowance</u> Acknowledged <u>Examiner's Signature</u> Initials | STATE OR COUNTRY IA | SHEETS DRAWING 13 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 3 |
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| ADDRESS 24236 BRETT J. TROUT, PC 516 WALNUT DES MOINES , IA 50309 | | | | | | | | | |
| TITLE Retractable face safety for a firearm | | | | | | | | | |
| FILING FEE RECEIVED | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> </table> | | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees (Filing) | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | | |
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